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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

Office Use Only

09 HGV 30 PM 3: 44

| 1. | NAME OF COMMITTEE (in full) | USE FEC MAILI OR TYPE OR PI | | · | xample:If over the lir | | /pe | | | | ć I | | | |
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| νD | DRESS (number and street) | PO Box 133 | - | | | | | 1 1 | <u> </u> | 1 1 1 | L | | | |
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| | Check if different than previously reported. (ACC) | Oklahoma C | jty L | | | | | lok |] [| 731 | 13 | Ш | | |
| 2. FEC IDENTIFICATION NUMBER • | | | _ | CITY 🛦 | | S1 | | | STATE 🛦 | | | ZIP CODE ▲ STATE ▼ DISTRICT | | |
| | C00207993 | | 3. | IS THIS REPORT | i . | NEW (N) | OR | x | AMENDI (A) | ED | OK | | SIRICI | |
| 4. | 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) | | | 12-Day PF | RE -Electio | n Report | t for the: | | | | | | | |
| | | | | | | Primary (12P) | | | eneral (1 | , | | Runoff | off (12R) | |
| | July 15 Quarterly Report (Q2) | | | | Conve | Convention (12C) | | | Special (12S) | | | | | |
| | X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) | | | Election or | 1 | | | | | | in the State | of | • | |
| | | | (c) | 30-Day PC | OST-Electi | on Repo | rt for the | · | | | | | | |
| | | | | | Gene | ral (30G) | | R | unoff (30 | OR) | | Specia | ıl (30S) | |
| Termination Report (TER) | | | | Election or | | | | | | | in the State of | | | |
| 5. | Covering Period 0 7 | 01 | 20 | 0 7 | thr | ough | 09 | 3 | 0 | 2007 | - | | | |
| l ce | ertify that I have examined th | is Report and to ti | ne bes | t of my knov | wledge an | d belief i | t is true, | correct a | nd comp | olete. | | | | |
| Тур | e or Print Name of Treasure | r Steve F | Ralls | | | <u>. </u> | | | | | | | ; | |
| Sig | nature of Treasurer | 67-1 | | | | | _ | Date | 11 | 18 | - | 2.00 | 9 | |
| NO | TE : Submission of false, em | oneous, or incomp | plete ir | formation n | nay subjed | t the per | son sign | ing this R | Report to | the pena | lties of | 2 U.S.C | C 437g | |
| Office Use Only FE5AN018 | | | | | | | | | | | FOR | | | |
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